

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

ADDRESS (number and street) ▼

330 Seven Springs Way

☐ Check if different than previously reported. (ACC)

BRENTWOOD

TN

37027

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00347955

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☒ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
04 01 2014

through

M M M / D D D / Y Y Y Y Y Y
04 30 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Penny Brake

Signature of Treasurer

Penny Brake

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
05 12 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Report Covering the Period: From: M M / D D / Y Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y Y 04 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2014		120159.54
(b) Cash on Hand at Beginning of Reporting Period.....	117462.18	
(c) Total Receipts (from Line 19)	52913.00	67740.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	170375.18	187899.54
7. Total Disbursements (from Line 31)	6070.87	23595.23
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	164304.31	164304.31
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	4

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

47628.00

61455.00

(ii) Unitemized

5285.00

5785.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

52913.00

67240.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

52913.00

67240.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

500.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

52913.00

67740.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

52913.00

67740.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	20.87	295.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	20.87	295.23
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	18000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	6050.00	5300.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	6070.87	23595.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6070.87	23595.23

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	52913.00	67240.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	52913.00	67240.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	20.87	295.23
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	20.87	295.23

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 28

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Claudia Ambro

Mailing Address 570 Church St E #618

City State Zip Code
 Brentwood TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer

LifePoint Hospitals

Occupation

Dir. Bus. Offc. Ops.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 14 / 2014

Transaction ID : SA11AI.8945

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ian Andes

Mailing Address 330 Seven Springs Way

City State Zip Code
 Brentwood TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer

LifePoint Hospitals

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 28 / 2014

Transaction ID : SA11AI.8958

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

C. Deborah Armstrong

Mailing Address 1412 Milstead Ave NE

City State Zip Code
 Conyers GA 30012

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rockdale Med Ctr

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 30 / 2014

Transaction ID : SA11AI.8963

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1762.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Timothy Bess

Mailing Address PO Box 1000

City State Zip Code
Abingdon VA 24212

FEC ID number of contributing federal political committee.

C

Name of Employer

LifePoint Hospitals

Occupation

healthcare management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2014

Transaction ID : SA11AI.9047

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Don Bivacca

Mailing Address 2455 Durham Manor Dr

City State Zip Code
Franklin TN 37064

FEC ID number of contributing federal political committee.

C

Name of Employer

LifePoint Hospitals, Inc.

Occupation

National Division President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 01 / 2014

Transaction ID : SA11AI.8938

Amount of Each Receipt this Period

4000.00

Full Name (Last, First, Middle Initial)

C. Pamela Booker

Mailing Address 4937 John Hager Rd

City State Zip Code
Hermitage TN 37076

FEC ID number of contributing federal political committee.

C

Name of Employer

LifePoint

Occupation

DCNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 01 / 2014

Transaction ID : SA11AI.8937

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

5500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 28

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Floyd Bounds

Mailing Address 330 Seven Springs Way

City State Zip Code
 Brentwood TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer

LifePoint Hospitals

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 28 / 2014

Transaction ID : SA11AI.9026

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. John Bumpus

Mailing Address 6118 Paddock Place

City State Zip Code
 Brentwood TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer

LifePoint Hospitals, Inc.

Occupation

SVP Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 14 / 2014

Transaction ID : SA11AI.8944

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Emma Canlas

Mailing Address 330 Seven Springs Way

City State Zip Code
 Brentwood TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer

LifePoint Hospitals

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 28 / 2014

Transaction ID : SA11AI.9082

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 28

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Donna S. Carter

Mailing Address 1120 Claiborne Avenue

City State Zip Code
Minden LA 71055

FEC ID number of contributing
federal political committee.

C

Name of Employer

Minden Medical Center

Occupation

CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 28 / 2014

Transaction ID : SA11AI.9009

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Reba Lowery Celsor

Mailing Address 5600 Country Drive Unit 110

City State Zip Code
Nashville TN 37172

FEC ID number of contributing
federal political committee.

C

Name of Employer

LifePoint Hospitals, Inc.

Occupation

Director, Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : SA11AI.9017

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Dale Clark

Mailing Address 192 Sally Run

City State Zip Code
Wytheville VA 24382

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wythe County Community Hosp

Occupation

Asst. Admin.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 02 / 2014

Transaction ID : SA11AI.9060

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1400.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 28
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Andrea Cleeton

Mailing Address 330 Seven Springs Way

City State Zip Code
Brentwood TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer

LifePoint Hospitals

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.8948

Amount of Each Receipt this Period

720.00

Full Name (Last, First, Middle Initial)

B. Ben Cluff

Mailing Address 330 Seven Springs Way

City State Zip Code
Brentwood TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer

LifePoint Hospitals

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 01 / 2014

Transaction ID : SA11AI.9086

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Jennifer Coello

Mailing Address 330 Seven Springs Way

City State Zip Code
Brentwood TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer

LifePoint Hospitals

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 11 / 2014

Transaction ID : SA11AI.9035

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2470.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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PAGE 11 OF 28

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Teresa Daniel

Mailing Address 330 Seven Springs Way

City State Zip Code
 Brentwood TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Meadowview Regional

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 30 / 2014

Transaction ID : SA11AI.8992

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. David B. Darden

Mailing Address 131 Great View Rd

City State Zip Code
 Cedar Bluff VA 24609

FEC ID number of contributing
federal political committee.

C

Name of Employer

Clinch Valley Medical Ctr.

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 01 / 2014

Transaction ID : SA11AI.9014

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Jamie Davis

Mailing Address 4000 Canterbury Drive

City State Zip Code
 Culleoka TN 38451

FEC ID number of contributing
federal political committee.

C

Name of Employer

LifePoint Hospitals, Inc.

Occupation

Director Emerging Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 08 / 2014

Transaction ID : SA11AI.8941

Amount of Each Receipt this Period

850.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 28

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Theresa Dix

Mailing Address 264 Wyrick Springs Rd

City State Zip Code
Crockett VA 24323

FEC ID number of contributing
federal political committee.

C

Name of Employer

LifePoint Hospitals

Occupation

healthcare management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 02 / 2014

Transaction ID : SA11AI.9059

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Stephen Erixon

Mailing Address 330 Seven Springs Way

City State Zip Code
Brentwood TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lander Regional Hosp

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 01 / 2014

Transaction ID : SA11AI.9102

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Michael Everett

Mailing Address 102 N Starview Drive

City State Zip Code
Somerset KY 42508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lake Cumberland

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 28 / 2014

Transaction ID : SA11AI.8980

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2400.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 28

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Cindy Faulkner

Mailing Address 330 Seven Springs Way

City

Brentwood

State

TN

Zip Code

37027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maria Parham

Occupation

CNO

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

Transaction ID : SA11AI.9030

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Steve W. Frantz

Mailing Address 1919 Ashwood Avenue

City

Nashville

State

TN

Zip Code

37212

FEC ID number of contributing
federal political committee.

C

Name of Employer

LifePoint Hospitals

Occupation

Division CFO

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

Transaction ID : SA11AI.8962

Amount of Each Receipt this Period

1800.00

Full Name (Last, First, Middle Initial)

C. George E. French III

Mailing Address 1106 Broadway

City

Minden

State

LA

Zip Code

71055

FEC ID number of contributing
federal political committee.

C

Name of Employer

Minden Medical Center

Occupation

CEO

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	08	/	2014

Transaction ID : SA11AI.9007

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

3300.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 28

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Lisa Gillespie

Mailing Address 4600 Gin Plantation Drive

City State Zip Code
Snellville GA 30039

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rockdale Med Ctr

Occupation

CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : SA11AI.8964

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Susan K. Goetzinger

Mailing Address 4220 Windsong Drive

City State Zip Code
Riverton WY 82501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Riverton

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2014

Transaction ID : SA11AI.8943

Amount of Each Receipt this Period

275.00

Full Name (Last, First, Middle Initial)

C. Tommy Haggard

Mailing Address 3704 Ansley Ct

City State Zip Code
Lexington KY 40509

FEC ID number of contributing
federal political committee.

C

Name of Employer

Georgetown Community

Occupation

Assistant Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 11 / 2014

Transaction ID : SA11AI.8983

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2025.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 28
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Timothy Harclerode

Mailing Address 101 Fawn Circle

City State Zip Code
 Bluefield VA 24605

FEC ID number of contributing
federal political committee.

C

Name of Employer

Clinch Valley Med Ctr

Occupation

CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 16 / 2014

Transaction ID : SA11AI.9028

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Randolph Harrison

Mailing Address 3552 Saddle Rock Road

City State Zip Code
 Las Cruces NM 88011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memorial Med. Ctr

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 01 / 2014

Transaction ID : SA11AI.9015

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. William Haugh

Mailing Address 841 Hundley St

City State Zip Code
 Martinsville VA 24112

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memorial Hospital

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 08 / 2014

Transaction ID : SA11AI.8985

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Diane Huggins

Mailing Address 86 Blue Ridge Trace

City State Zip Code
Hendersonville TN 37075

FEC ID number of contributing federal political committee.

C

Name of Employer

LifePoint Hospitals

Occupation

VP of Corp. Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 28 / 2014

Transaction ID : SA11AI.8957

Amount of Each Receipt this Period

650.00

Full Name (Last, First, Middle Initial)

B. Linda Hunter

Mailing Address 351 Meadowcrest Drive

City State Zip Code
Somerset KY 42503

FEC ID number of contributing federal political committee.

C

Name of Employer

LCRH

Occupation

Department Manager Rehab/SCU RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2014

Transaction ID : SA11AI.9003

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. David Ingram

Mailing Address 811 Otter Creek Rd

City State Zip Code
Nashville TN 37220

FEC ID number of contributing federal political committee.

C

Name of Employer

LifePoint Hospitals

Occupation

Director, Information Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 22 / 2014

Transaction ID : SA11AI.8951

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

1350.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 OF 28

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Belinda Johnson

Mailing Address 30 Quail Run Road

City State Zip Code
 Russellville AL 35654

FEC ID number of contributing
federal political committee.

C

Name of Employer

Russellville Hospital

Occupation

CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 28 / 2014

Transaction ID : SA11AI.9078

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Jess N. Judy

Mailing Address 112 Chatsworth Drive

City State Zip Code
 Nashville TN 37215

FEC ID number of contributing
federal political committee.

C

Name of Employer

LifePoint Hospitals, Inc.

Occupation

Division President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 02 / 2014

Transaction ID : SA11AI.8939

Amount of Each Receipt this Period

3500.00

Full Name (Last, First, Middle Initial)

C. Clint Kendall

Mailing Address 330 Seven Springs Way

City State Zip Code
 Brentwood TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer

LifePoint Hospitals

Occupation

CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 14 / 2014

Transaction ID : SA11AI.9037

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 28
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Chad Labrum

Mailing Address 398 S. 3130 W.

City State Zip Code
 Vernal UT 84078

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ashley Regional

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 01 / 2014

Transaction ID : SA11AI.9088

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Alene Lewis

Mailing Address 330 Seven Springs Way

City State Zip Code
 Brentwood TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer

LifePoint Hospitals

Occupation

CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 30 / 2014

Transaction ID : SA11AI.9016

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Teresa Morrison

Mailing Address 330 Seven Springs Way

City State Zip Code
 Brentwood TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer

LifePoint Hospitals

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 18 / 2014

Transaction ID : SA11AI.9022

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1400.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 OF 28

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Anhtai Nguyen

Mailing Address 330 Seven Springs Way

City State Zip Code
 Brentwood TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer

LifePoint Hospitals

Occupation

CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 28 / 2014

Transaction ID : SA11AI.9045

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Cindy Nichols

Mailing Address 808 Arrowhead

City State Zip Code
 Winfield AL 35594

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Medical Center

Occupation

CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 22 / 2014

Transaction ID : SA11AI.9071

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Jeff Noblin

Mailing Address 419 Weakley Creek Rd

City State Zip Code
 Lawrenceburg TN 38464

FEC ID number of contributing
federal political committee.

C

Name of Employer

Crockett Hospital

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 28 / 2014

Transaction ID : SA11AI.9032

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 28
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Barbara Olson

Mailing Address 330 Seven Springs Way

City State Zip Code
 Brentwood TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer

LifePoint Hospitals

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

383.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 28 / 2014

Transaction ID : SA11AI.8956

Amount of Each Receipt this Period

383.00

Full Name (Last, First, Middle Initial)

B. Brad Owens

Mailing Address 1014 Crimson Clover Drive

City State Zip Code
 Brentwood TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer

LifePoint Hospitals, Inc.

Occupation

Division CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2175.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 28 / 2014

Transaction ID : SA11AI.8960

Amount of Each Receipt this Period

2175.00

Full Name (Last, First, Middle Initial)

C. Melissa Packer

Mailing Address 330 Seven Springs Way

City State Zip Code
 Brentwood TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 16 / 2014

Transaction ID : SA11AI.9031

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3308.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 OF 28

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Robert Parker

Mailing Address 209 Richwood Drive

City

Somerset

State

KY

Zip Code

42503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lake Cumberland Regional

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2014

Transaction ID : SA11AI.8993

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Roxana Pool

Mailing Address 401 N. High Street

City

Winchester

State

TN

Zip Code

37398

FEC ID number of contributing
federal political committee.

C

Name of Employer

Clinch Valley

Occupation

CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 08 / 2014

Transaction ID : SA11AI.8940

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Katy Reeves

Mailing Address 330 Seven Springs Way

City

Brentwood

State

TN

Zip Code

37027

FEC ID number of contributing
federal political committee.

C

Name of Employer

LifePoint Hospitals

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 22 / 2014

Transaction ID : SA11AI.9039

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 28
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Kathy Russell

Mailing Address 2152 Harrodsburg Road

City State Zip Code
 Harrodsburg KY 40330

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bluegrass Community Hospital

Occupation

CNO/Risk Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 22 / 2014

Transaction ID : SA11AI.8984

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Paxton Scott

Mailing Address 330 Seven Springs Way

City State Zip Code
 Brentwood TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer

LifePoint Hospitals

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.50

Date of Receipt

04 / 16 / 2014

Transaction ID : SA11AI.8950

Amount of Each Receipt this Period

312.50

Full Name (Last, First, Middle Initial)

C. Bob Singletary

Mailing Address 330 Seven Springs Way

City State Zip Code
 Brentwood TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maria Parham

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 28 / 2014

Transaction ID : SA11AI.9029

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1712.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 OF 28

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Christine Stewart

Mailing Address 434 Grayland

City State Zip Code
 Russellville AL 35653

FEC ID number of contributing
federal political committee.

C

Name of Employer

Russellville Hospital

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 11 / 2014

Transaction ID : SA11AI.9074

Amount of Each Receipt this Period

450.00

Full Name (Last, First, Middle Initial)

B. Denise Thomas

Mailing Address 255 N. Spalding Ave.

City State Zip Code
 Lebanon KY 40033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spring View Hospital

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 30 / 2014

Transaction ID : SA11AI.9004

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Tim Trottier

Mailing Address 330 Seven Springs Way

City State Zip Code
 Brentwood TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer

LifePoint Hospitals

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 30 / 2014

Transaction ID : SA11AI.9005

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1950.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 28
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Michelle Watson

Mailing Address 160 Green Acres

City State Zip Code
 Livingston TN 38570

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Livingston Regional Hospital

Occupation
 CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 30 / 2014

Transaction ID : SA11AI.8961

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Penny Westmoreland

Mailing Address 114 Hickory Drive

City State Zip Code
 Muscle Shoals AL 35661

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Russellville/Lakeland

Occupation
 CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 28 / 2014

Transaction ID : SA11AI.9073

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Penny Westmoreland

Mailing Address 114 Hickory Drive

City State Zip Code
 Muscle Shoals AL 35661

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Russellville/Lakeland

Occupation
 CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 28 / 2014

Transaction ID : SA11AI.9077

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

900.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 OF 28

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. John White

Mailing Address 470 Loretto Dr

City
Wytheville

State Zip Code
VA 24382

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wythe County Community

Occupation
Accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2014

Transaction ID : SA11AI.9058

Amount of Each Receipt this Period

700.00

Full Name (Last, First, Middle Initial)

B. Jim R. Williams Jr

Mailing Address PO Box 397

City
Minden

State Zip Code
LA 71058

FEC ID number of contributing
federal political committee.

C

Name of Employer
Minden Medical Ctr

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 28 / 2014

Transaction ID : SA11AI.9010

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Austin Wratchford

Mailing Address 330 Seven Springs Way

City
Brentwood

State Zip Code
TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clinch Valley Medical Ctr

Occupation
Asst Admin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 08 / 2014

Transaction ID : SA11AI.9034

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 28
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Robyn Yackell

Mailing Address 330 Seven Springs Way

City State Zip Code
Brentwood TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer

LifePoint Hospitals

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 22 / 2014

Transaction ID : SA11AI.8952

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Kevin Zachary

Mailing Address 330 Seven Springs Way

City State Zip Code
Brentwood TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Parkview Regional

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 28 / 2014

Transaction ID : SA11AI.9012

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Kevin Zachary

Mailing Address 330 Seven Springs Way

City State Zip Code
Brentwood TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Parkview Regional

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 28 / 2014

Transaction ID : SA11AI.9013

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

800.00

47628.00

	21b		22		23		24		25		26
	27		28a		28b		28c	X	29		30b

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

04 / 08 / 2014

350.00

04 / 08 / 2014

500.00

04 / 24 / 2014

1000.00

1850.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 28

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Ken Upchurch for State Representative

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		10		2014

Mailing Address Post Office Box 991

City	State	Zip Code
Monticello	KY	42633

Transaction ID : SB29.8930Purpose of Disbursement
campaign

Amount of Each Disbursement this Period

Candidate Name

Ken Upchurch for State RepresentativeCategory/
Type

500.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 52

Full Name (Last, First, Middle Initial)

B. Martinez for Governor

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		07		2014

Mailing Address PO BOx 15117

City	State	Zip Code
Las Cruces	NM	88004

Transaction ID : SB29.8935Purpose of Disbursement
fundraiser

Amount of Each Disbursement this Period

Candidate Name

Susana MartinezCategory/
Type

3700.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: NM District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Mailing Address

City	State	Zip Code
------	-------	----------

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4200.00

6050.00
